

NOMINATION FORM

(To be filled in by employee)

I, Renuka Shriram Deshpande

(Emp Code) 46067257

Address

nominate the following person/s, to whom in the event of my death the amount towards my Full and Final settlement accrued to me by virtue of my employment with Capgemini India Pvt. Ltd. [Company], will be payable:-

	Nominee 1	Nominee 2	Nominee 3	Nominee 4	Nominee 5
Name of Nominee:	Bhagyashree Deshpande	Shriram Deshpande			
Relationship:	Mother	Father			
Address of Nominee:	Tapdia nagar, Akola	Tapdia nagar, Akola			
% of distribution:	50.00	50.00			

I further declare that the receipt/s of amounts by the nominees, as above shall be sufficient discharge of Company's liability and no one party shall have any rights upon the Company w.r.t the aforesaid payments.

This document supersedes all previous agreements in respect of its subject matter and embodies the entire agreement, between me and the Company. There are no oral or written understandings, representations, warranties or commitments of, any kind, express or implied, in relation to the matters dealt with this document that are not expressly set out in this document.

	Witness 1	Witness 2
Name		
Signature		
Address		

Date -

Place -

Signature Of Employee